Approved for use through 09/30/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE he Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/665,801-Conf. #6141 Filing Date RANSMITTAL September 18, 2003 F#B 2 2 2007 First Named Inventor FORM Pierre-Yvan Liardet Art Unit 2193 be used for all correspondence after initial filing) Examiner Name D. H. Malzahn Attorney Docket Number Total Number of Pages in This Submission 12 S1022.81037US00 **ENCLOSURES** (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) to TC Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x | Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please x | Extension of Time Request Terminal Disclaimer Identify below): Return Receipt Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) **Certified Copy of Priority** Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WOLF, GREENFIELD & SACKS, P.C. Signature Printed name James H. Morris Date Reg. No. February 20, 2007 34,681 Certificate of Mailing Under 37 CFR 1.8(a) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Mar <u>Koule</u>(Eileen MacKenzie)

Dated: February 20, 2007

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Effective on 12/08/2004. Foreign formula to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known				
				Application Number 1		0/665,801-Conf. #6141		
				Filing Date S		September 18, 2003		
For FY 2006				First Named Inventor Pi		Pierre-Yvan Liardet		
F01 F1 2000				Examiner Name D		D. H. Malzahn		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2193				
TOTAL AMOUNT OF PA	YMENT (\$) 120.00		Attorney Docket	No.	S1022.81037	JS00	
METHOD OF PAYME	NT (check all th	at apply)						
X Check Credit	Card M	oney Order	None	e Other (please iden	tify):		
Deposit Account De	eposit Account Number	л: 23/2825 Деро	sit Acco	ount Name:	Wolf,	Greenfield & S	acks, P.C.	
For the above-ide	entified deposit a	ccount, the Direc	ctor is	hereby authorize	d to: (che	ck all that apply))	
Charge fee	(s) indicated belo	ow .		Charge	e fee(s) ind	dicated below, e	xcept for th	e filing fee
	additional fee(s er 37 CFR 1.16 a) or underpayme and 1.17	nts of	x Credit	any overp	ayments		
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES						
	\$	FEES Small Entity		RCH FEES Small Entity		NATION FEES Small Entity		
Application Type	<u>Fee (\$)</u>		<u>ee (\$)</u>		Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utility	300		500	250	200	100		
Design	200		100	50	130	65		
Plant	200		300	150	160	80		
Reissue	300		500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	3							Small Entity Fee (\$)
Fee Description Each claim over 20 (included)	iding Reissues)						Fee (\$) 50	25
Each independent claim				200	100			
Multiple dependent claims							360	180
			Fee P	aid (\$) Mul		ultiple Dependent Claims		
-=	x						Fee Paid (\$)	!
HP = highest number of total	claims paid for, if gre	eater than 20.						
			Fee P	aid (\$)				
HP = highest number of indep	endent claims paid							
3. APPLICATION SIZE F		, ground, and						- .
If the specification and listings under 37 CF sheets or fraction the	drawings exceed R 1.52(e)), the a	pplication size for	ee due	is \$250 (\$125 f				
Total Sheets	Extra Sheets	Number of e	ach ac	lditional 50 or frac			Fee P	aid (\$)
4. OTHER FEE(S)				(round up to a who	ne number)	^	Fees I	Paid (\$)
Non-English Specific Other (e.g., late filing	•	` .		,	at manth		12	. 00
SUBMITTED BY	surcharge). 12	or extension it	JI TES	ponse within in	St month		120	0.00
Signature		>		Registration No.	34,681	Telephone	(617) 646	8000
	H. Morris	$\overline{}$		(Attorney/Agent)	34,001	Date	February 2	
								0, 2001
								
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